

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000015299 (9)
1. Corporation Name

MAIN GATE MARKETING, INC.

APPROVED
AND
FILED

95 MAY -1 PM 11:53

TALLAHASSEE, FLORIDA

60

Principal Place of Business
2315 Winding Ridge Ave. N
Kissimmee FL 34741
US

Mailing Address
2315 Winding Ridge Ave N
Kissimmee FL 34741
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26 P.O. Box 422751		02/15/1993		03/22/1994	
Suite, Apt. #, etc		Suite, Apt. #, etc		4. FEI Number		Applied For	
22		27		59-3167899		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23		28 Kissimmee FL		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
Zip		Country		29 34742		30 Osceola	
24		25		29 34742		30 Osceola	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MULLETT, MARK S
2315 Winding Ridge Ave., N
Kissimmee FL 32741

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when contesting)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	1.1 TITLE	PSTD
NAME	MULLETT, MARK	1.2 NAME	MULLETT, MARK
STREET ADDRESS	2315 Winding Ridge Ave., N	1.3 STREET ADDRESS	P.O. Box 422751
CITY, ST, ZIP	Kissimmee FL	1.4 CITY, ST, ZIP	Kissimmee FL 34742
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY, ST, ZIP		2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 907, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X

Mark Mullett, President

1-407-397-9422

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/95:JFW:EIS:lw

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AND
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DOCUMENT # **200001474102** (7)

1. Corporation Name
JARCOL, INC.

1995 MAY -1 AM 8 48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**6285 N.W. 64TH ST.
BAY 2
MIAMI FL 33166**

Mailing Address

**6285 N.W. 64TH ST.
BAY 2
MIAMI FL 33166**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/03/1993

3a. Date of Last Report
08/23/1994

4. FEI Number
65-0394039

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

6. THIS CORPORATION HAS LIABILITY FOR INTERESTS TAX UNDER S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21. Suite, Apt. #, etc.

23. City & State

24. Zip

25. Country

2a. Mailing Address

26. Suite, Apt. #, etc.

28. City & State

29. Zip

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JARAMILLO, ANN M
8285 N.W. 64TH ST.
BAY 2
MIAMI FL 33166**

81 Name **ALBERTO SANDOVAL**
82 Street Address (P.O. Box Number is Not Acceptable)
8285 NW 64TH STREET BAY 2
83
84 City **MIAMI** FL 85 Zip Code **33166**

11. Pursuant to the provisions of Sections 607.050 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **X**

Signature (typed or printed name of registered agent and the filer)

NOTE: Registered Agent signature required when registering.

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **SANDOVAL, JENNY**
STREET ADDRESS **6285 NORTHWEST 64TH STREET, BAY 2**
CITY, ST, ZIP **MIAMI FL**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT** ☒ Change ☐ Addition
1.2 NAME **ALBERTO SANDOVAL**
1.3 STREET ADDRESS **8285 NW 64TH STREET BAY 2**
1.4 CITY, ST, ZIP **MIAMI, FL 33166**

2.1 TITLE **V. PRESIDENT** ☐ Change ☒ Addition
2.2 NAME **FERNANDO JARAMILLO**
2.3 STREET ADDRESS **8285 NW 64TH ST BAY 2**
2.4 CITY, ST, ZIP **MIAMI, FL 33166**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report and supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation; that I am duly empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or my appointment was an address.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #